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|---------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------|------------------|
| <b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b> |                                                                     | Attorney Docket Number | DD-XTS-25043     |
|                                                                           |                                                                     | First Named Inventor   | Bodo W. LAMBERTZ |
| <b>COMPLETE IF KNOWN</b>                                                  |                                                                     |                        |                  |
| <input type="checkbox"/> Declaration Submitted with Initial Filing        | <input type="checkbox"/> Declaration Submitted after Initial Filing | Application Number     |                  |
|                                                                           |                                                                     | Filing Date            |                  |
|                                                                           |                                                                     | Group Art Unit         |                  |
|                                                                           |                                                                     | Examiner Name          |                  |

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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>As a below named inventor, I hereby declare that:</p> <p>My residence, post office address, and citizenship are as stated below next to my name.</p> <p>I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if more than one name is listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:</p> <p style="text-align: center;">SOCK</p> <p>the specification of which:</p> <p><input type="checkbox"/> is attached hereto;</p> <p><input checked="" type="checkbox"/> was filed on <u>06/18/2004</u> as PCT International Application Number <u>PCT/DE2004/001276</u>.</p> <p>I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.</p> <p>I acknowledge the duty to disclose information which is material to the patentability of this application, as defined in 37 CFR 1.56.</p> <p>I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.</p> |                                  |                                                                                                                                       |                                                                                  |                                                                                                                                                                        |
| Prior Foreign Application Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                          | Foreign Filing Date (MM/DD/YYYY)                                                                                                      | Priority Not Claimed                                                             | Certified Copy Attached? YES NO                                                                                                                                        |
| DE 20310652.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Germany                          | 07/11/2003                                                                                                                            | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | <input type="checkbox"/> <input checked="" type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/><br><input type="checkbox"/> <input type="checkbox"/> |
| <p><input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.</p> <p>I hereby claim the benefits under 35 U.S.C. 119(e) of any United States provisional application listed below.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                  |                                                                                                                                       |                                                                                  |                                                                                                                                                                        |
| Application Number(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Foreign Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet attached hereto. |                                                                                  |                                                                                                                                                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |                                                                                                                                       |                                                                                  |                                                                                                                                                                        |

# DECLARATION

## - Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) or any PCT international application designating the United States of America, listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability, as defined in 37 C.F.R. 1.56, which became available between the filing date of the prior application and the national or PCT international filing date of this application.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                |                                                                               |                                         |         |             |             |         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------|---------|-------------|-------------|---------|
| U.S. Parent Application or PCT Parent Number                                                                                                                                                                                                                                                                                                                                                                                                                             | Parent or PCT Filing Date<br>(MM/DD/YYYY)      |                                                                               | Parent Patent Number<br>(if applicable) |         |             |             |         |
| PCT/DE2004/001276                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 06/18/2004                                     |                                                                               |                                         |         |             |             |         |
| <input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.                                                                                                                                                                                                                                                                                                                      |                                                |                                                                               |                                         |         |             |             |         |
| As a named inventor, I hereby appoint the individuals of the firm of Olson & Hierl, Ltd. associated with the following customer number to prosecute this application and to transact all business connected therewith in the Patent and Trademark Office:                                                                                                                                                                                                                |                                                |                                                                               |                                         |         |             |             |         |
| <input checked="" type="checkbox"/> Customer Number <b>002837</b> Whose name and registration numbers are listed below.                                                                                                                                                                                                                                                                                                                                                  |                                                |                                                                               |                                         |         |             |             |         |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Registration Number                            | Name                                                                          | Registration Number                     |         |             |             |         |
| Arne M. Olson<br>Dolores T. Kenney<br>Seymour Rothstein<br>Joseph M. Kuo<br>Robert J. Ross                                                                                                                                                                                                                                                                                                                                                                               | 30,203<br>31,269<br>19,369<br>38,943<br>45,058 | Michael A. Hierl<br>Talivaldis Cepuritis<br>Dennis Ma<br>Bruce R. Mansfield   | 29,807<br>20,818<br>46,890<br>29,086    |         |             |             |         |
| Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <b>002837</b> Whose mailing address for this application is below:                                                                                                                                                                                                                                                                                                                     |                                                |                                                                               |                                         |         |             |             |         |
| Name      Attn: Seymour Rothstein<br>OLSON & HIERL, LTD.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                |                                                                               |                                         |         |             |             |         |
| Address      20 North Wacker Drive, 36th Floor                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                |                                                                               |                                         |         |             |             |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Chicago                                        | State                                                                         | Illinois                                |         |             |             |         |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | US                                             | Telephone                                                                     | (312) 580-1180                          |         |             |             |         |
| ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 60606                                          | Fax                                                                           | (312) 580-1189                          |         |             |             |         |
| I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                                                |                                                                               |                                         |         |             |             |         |
| Name of Sole or First Inventor:                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                                         |         |             |             |         |
| Given Name (first and middle, if any)                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                | Family Name or Surname                                                        |                                         |         |             |             |         |
| Bodo W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                | LAMBERTZ                                                                      |                                         |         |             |             |         |
| Inventor's signature                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                |                                                                               |                                         | Date:   |             |             |         |
| Residence                                                                                                                                                                                                                                                                                                                                                                                                                                                                | City                                           | Pfäffikon                                                                     | State                                   | Country | Switzerland | Citizenship | Germany |
| Post Office Address                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Etzelstrasse 25                                |                                                                               |                                         |         |             |             |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Pfäffikon                                      | State                                                                         | ZIP                                     | CH-8808 | Country     | Switzerland |         |